



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2712  
WEBSITE: WWW.DPR.DELAWARE.GOV

DIVISION OF PROFESSIONAL REGULATION

## **ADVANCED PRACTICE REGISTERED NURSE COMMITTEE MINUTES**

The Advanced Practice Registered Nurse Committee held a meeting on December 7<sup>th</sup>, 2015, at 4:00 p.m., in Conference Room A, Cannon Building, 861 Silver Lake Boulevard, Dover, DE.

**PRESENT:** Cindy Cunningham, PMHCNS/NP; Sandy Elliott, CNM; Stephen Lawless, MD; Christopher Martin, MD; Joseph Parise, DO; Tehal Patel, R.Ph.; Leena Paul, MD; Delphos Price, CRNA; Megan Williams, FNP

**ABSENT:** None

**GUESTS:** Jill Englund Jensen, DNP, RN, FNP-BC; Sarah Carmody, Executive Director DNA; Leslie Verucci, President-Elect DNA

**PRESIDING:** Megan Williams, DNP, FNP-C

**STAFF:** David Mangler, Director – Division of Professional Regulation;  
Jennifer L. Singh, Deputy Attorney General, Delaware Department of Justice

**1.0 CALL TO ORDER:** Dr. Williams called the meeting to order at 4:07 p.m.

### **2.0 INTRODUCTION OF NEW COMMITTEE MEMBERS**

Christopher Martin, MD – Director of Psychiatric Consultation Services at CCHS introduced himself to the Committee. Dr. Martin is the fourth and final physician member appointed to the Committee by the Board of Medical Licensure and Discipline.

### **3.0 Review and Approval of Meeting Minutes**

#### 3.1 June 29, 2015

Minutes of the June 29, 2015 meeting of the previous Advanced Practice Nursing Committee (APN) were found not yet approved. Ms. Singh asked that since the APN Committee no longer exists, that the appropriate Body to review/approve those minutes would be the Board of Nursing. No action required by the APRN Committee.

### 3.2 November 16, 2015

Minutes of the November 16, 2015 meeting were reviewed. Dr. Lawless moved to approve the minutes as-is. Mr. Price abstained. The minutes were approved.

## **4.0 NEW BUSINESS**

### 4.1 Review Draft Rules and Regulations

Ms. Singh indicated that there were no substantive changes from the previous version. She had captured changes and corrected grammatical items only.

### 4.2 Review of National Standards and Scopes of Practices

The discussion among committee members centered around whether the benchmark, competencies and metrics required should be detailed and specific or more general in nature. APRN members shared that there were competencies and metrics that they were required to meet before they could graduate and that developing the same for the two-year period of time seemed duplicative/redundant, and further, national certification already requires that the APRN has met competencies before being certified. Mr. Mangler presented a “benchmark” model based on a periodic review of cases between the APRN and collaborator with increasing “congruence” over time as the minimum standard. Physician members felt that this should be kept simple. There was brief discussion regarding “volumes” as metrics and issues/problems using those types of metrics as measures of quality. APRN members of the Committee expressed that developing detailed metrics, etc. is actually stricter than has existed for over 21 years during which APRNs have previously been practicing with prescriptive authority. Dr. Lawless suggested that a simpler, yet meaningful approach could be an attestation by both the APRN and collaborator that there were competencies that were reviewed as part of case reviews during the 2-year period and that, if requested by the Committee, a record of those case reviews and associated documentation would be produced. He also indicated that ongoing performance review for employers and payers is about the only thing currently in widespread use. The committee members discussed what other states with a “transition” period have done or are doing. Several of the states with full practice authority in place have no requirement for a transition period. A small handful of states have some type of competency model across varying length transition periods. It was noted that Colorado had a two-year period similar to what is included in the new law in Delaware, but reduced it to 12 months with no noted difference in outcomes.

In summary, the fundamental issue before the Committee is found in two questions. What will the Committee expect to see from a newly graduated APRN requesting independent practice, and what will they expect to see from an experienced, practicing APRN? The Committee agreed on two levels – one process for the new APRN and one for the experienced. For the experience, practicing APRN – an attestation of at least 4000 hours of safe practice with an explanation of what that practice has been; current certification; attestation from an employer HR; W-2's showing employment, etc. Physician members of the committee agreed this to be sufficient along with licensure as an APRN in good standing. For experienced, practicing APRNS, all members of the Committee agreed that the existing two-year or five-year practice requirements that have existed for years is acceptable.

Dr. Paul departed the meeting at 5:30 p.m.

## **5.0 NEW BUSINESS**

None

## **6.0 OTHER BUSINESS (for discussion only)**

Dr. Williams indicated that she and Dr. Mack attended a recent ANA Stakeholders meeting in Silver Spring, MD.

#### 4.0 PUBLIC COMMENT

- Will a disciplinary history be a bar from Independent Practice? There are no benchmarks mentioned in any other health care related statutes in DE. The American Association of Nurse Practitioners (AANP) is developing APRN-associated metrics. The document may contain suggestions. It further addresses the difficulties of benchmarking nurse practitioner practice.
- Couldn't licensing, certification, patients' satisfaction, etc. – mechanisms that already exist – serve as strong proxies for supervision?
- Comment received that Delaware probably won't see a large number of APRNs going into "private practice." Insurers will undoubtedly be a strong influence on how practice is accomplished.
- Agreement that if the Board eliminates the licensure requirement for Collaborative Agreements, that employers will follow.
- Make certain that we have a tight grasp on requirements and evaluation of individuals coming from other states.

**NEXT MEETING** – The next meeting will be held on January 11, 2016 at 5:00 p.m., with a meeting on February 8, 2016 also at 5:00 p.m. Subsequent meetings to be held the second Monday of each month.

**ADJOURNMENT** – The meeting was adjourned at 6:15 p.m.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "David C. Mangler". The signature is fluid and cursive, with a large, stylized 'M'.

David C. Mangler, MS, RN, NEA-BC  
Director, Division of Professional Regulation